



Historical Perspective: The First Step Up and Step Out

The First Step Up and Step Out

Youth who lack health promoting behaviors, knowledge, skills, and values are at risk for development of chronic diseases, including heart disease, stroke, and some cancers. In 1992, Kansas LEAN identified a means to address the national concern about the health and well being of children and youth in this country by initiating a two-year pilot project. The mission of the project was to develop a model program for children that would lead to life-long healthy choices and behaviors.

The strategy of the intervention was to change the environmental context for children's health behaviors. It included school-based components and a community partnership. Together these components worked to reduce health risks through enhancing knowledge and increasing opportunities for making healthy eating and physical activity choices.

What is Kansas LEAN?

Kansas LEAN (Leadership to Encourage Activity and Nutrition) is:

- A partnership facilitated by the Kansas Department of Health and Environment, Bureau of Health Promotion, providing leadership and coordination of nutrition and physical activity interventions.
- A statewide coalition of organizations, businesses, agencies, and school districts that collaborate to develop and implement community-based programs for the purpose of decreasing the risk of heart disease and cancer throughout the population.
- A coalition that works to maximize the use of resources, providing technical support to communities and partners.
- Primarily funded by grants from the Kansas Health Foundation, United Methodist Health Ministry Fund, Centers for Disease Control and Prevention, and the National Cancer Institute.

Phase 1 Kansas LEAN School Health Project

Phase 1 of the Kansas LEAN School Health Project was conducted for a two-year period from 1992-1994.

The project, called the Kansas LEAN School Intervention, was piloted in Salina and Dighton, Kansas.

- Salina was chosen as a community representative of many urban Kansas communities
- Dighton was selected as a typical small, rural community

Collaborators included: Kansas LEAN, a program of the Kansas Department of Health and Environment, Bureau of Chronic Disease and Health Promotion (KDHE-BDHP), the Kansas Health Foundation (KHF), Dighton Public Schools (USD #482), Salina Public Schools (USD #305), and the Work Group on Health Promotion and Community Development at the University of Kansas.

Mission: To improve the health of elementary school students in Kansas by modifying school lunch menus, enhancing nutrition education, increasing physical activity levels, and developing a community coalition to support the efforts in schools and advocating for environmental change in the school and community in the areas of nutrition and physical activity.

Project goal: To reduce the risk of school-age youth for heart disease and some cancers through changes in diet and exercise habits.

Target populations: Elementary school children in fourth, fifth, and sixth grades.

Technical assistance: A Kansas LEAN contracted site coordinator 20-30 hours per week.

Strategies:

Four areas of focus for environmental change were targeted for goal setting interventions. The four areas of focus were called "components," and strategies were established for each.

- Community Coalition: *Develop a community coalition to support changes*
- Nutrition Education: *Increase nutrition education and healthy eating*
- Physical Activity: *Increase physical fitness activities*
- School Meals: *Modify school meals*

Evaluation Methods: Monitoring and feedback system; knowledge, attitude, and behavior surveys; analysis of school meal program; nutrient analysis of school menus; physiological assessments of cholesterol levels, skinfold, height/weights; and physical fitness. Evaluation was conducted by the Work Group of Health Promotion and Community Development at the University of Kansas.

Resources: Amateur Athletic Union (AAU) Physical Fitness Assessment American; Cancer Society's "Changing the Course" nutrition education curriculum; and Nutritionist 4 computerized menu analysis.

Outcomes: Increased nutrition knowledge; increased fitness scores; lower fat school meals (participation maintained); 179 community changes over two years in Dighton and 72 community changes in Salina over two years; and coalition members and outside experts were satisfied with project accomplishments. When participants in the two communities were surveyed, the highest mean importance ratings were for outcomes that had a direct impact on reducing the fat content of school lunches and on increasing physical activity.

Lessons learned include:

Community coalitions

- a. Communities are unique and the needs of the community are reflected when they are involved in decision-making.
- b. Financial resources are helpful, but volunteer energy, creativity, time, and dedication cannot be overlooked as factors that sustain an initiative.
- c. Invite admirers, critics, friends and competition when developing a coalition. The all have something to contribute and need to be involved to sustain the initiative.
- d. An effective coalition takes actions and does not simply act as an advisor.

Nutrition education

- a. Education and curriculum provide education but do not guarantee behavior change. Constant reinforcement, healthy role models (everywhere!), and acceptance of personal responsibility increase the likelihood of behavior change.
- b. There are many different ways to incorporate nutrition education! Options are limited only by the creativity of the teachers and needs of the students.
- c. Nutrition education is accepted and enjoyed by students when it is integrated into other curricular areas and becomes part of their lives.
- d. Teachers do not automatically possess current and accurate nutrition information despite exposure to nutrition information, accurate and inaccurate, in the popular press. It is important that nutrition

- professionals, Registered Dietitians, help evaluate and recommend/develop curricula and help train teachers.
- e. Effective nutrition education is fun for teachers and students alike.

Physical activity

- a. A physical education curriculum can be made fun, emphasize positive self-esteem, promote fitness, and provide students with a sense of personal responsibility.
- b. Education and patience are needed to alter the stereotypical attitude that physical education is recess or sports practice.
- c. There are unlimited opportunities for physical activity just waiting to be explored. Every age, social, and professional group should be involved.
- d. Classroom teachers are generally willing to provide support for physical activity programs with proper training and tools.

School Meals

- a. Pre-existing problems or constraints may need some resolution before achieving goals, i.e., no recipes, sanitation issues, lack of equipment or product, lack of administrative support, structure of meal delivery/service system.
- b. Significant change takes time, technical assistance, and follow-up. Timelines should be realistic to prevent frustration and a feeling of failure.
- c. Food consumption data is important but difficult to collect.
- d. Community, staff, and administrators need some understanding of school food service systems...limitations and regulations...for realistic expectations.
- e. Classroom nutrition education and the school meal program both benefit with mutual support and reinforcement.

For more information about Phase 1, refer to the Journal of Nutrition articles that follow.

Sustainability of the pilot project



Following Phase 1, as the project grew in numbers and visibility, the question was often raised, "This is a great concept, but can a project like this be sustained?"

The project evaluation team accepted that challenge and three years after formal funding had ended, they conducted a key informant survey of the community members that had been actively involved in the initial project in Dighton, Kansas.

The survey results indicated that 60% of the project's elements, and 66% of the school and community based changes were sustained three years after the formal completion of the project. The data showed a strong relationship between maintenance of components and the number of sustained changes.

The results indicated that changes were most likely to be sustained if:

- They are visible
- There is a direct link of community support to identified project objectives
- Change is connected to identified school outcomes
- Minimal resources are required
- Even the smallest successes are recognized as achievements

Kansas LEAN School Health Project Phases

The Kansas LEAN School Health Project has gone through two complete phases and is currently in phase three. Research, evaluation, and experience have been used in each phase to continuously enhance the intervention and reduce the level of technical assistance required.



Phase 2

In 1995, the title of the project was changed to the Kansas LEAN School Health Project and six sites were funded. These sites in Kansas included:

- Andover
- Arkansas City
- Holcomb
- Pierceville-Plymel
- Rose Hill
- Winfield



Changes from Phase 1:

- It became clear during Phase 1 that an emphasis on forming partnerships to “link” one component with another was key to creating change. “Linking” to increase opportunities for partnerships, for repeating messages among the components, and for strengthening the team spirit was emphasized in Phase 2.

- There was a decrease in the level of direct technical assistance. A Kansas LEAN contracted registered dietitian provided assistance to an on-site community-based coordinator 20-30 hours month.
- There was an increase in the length of the intervention, from 2 to 3 years.
- Pyramid Pursuit nutrition education curriculum was used.
- FITNESSGRAM physical fitness testing was used.
- An implementation manual, **Step Up and Step Out** was developed to enable more communities to use School Health Project lessons learned and creative ideas in developing their own plans.

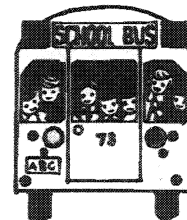
Lessons learned include:

- It is important to celebrate each small step to success
- Movement in the classroom is a recognized factor to increase learning
- Physical educators were interested in finding ways to measure lifetime physical activity attitudes/skills rather than fitness which varies according to uncontrollable factors such as genetics, age, and sex
- An active, well-functioning coalition is important for supporting change

Phase 3

In 1997, Phase Three communities were added to the number of sites that identified the need for changes related to nutrition and physical activity in their communities. Sites to join the School Health Project at that time were:

- Hutchinson
- Marysville
- Pratt
- Wamego



The major differences from Phase 2 to Phase 3 of the Project are:

- An increase in the length of intervention from 3 to 4 years.
- A focus on the development of the community coalition in year 1, prior to implementation of the other components. The coalition is a key factor in developing leadership and community support, both necessary for environmental change and project sustainability.

- The school district contracts the services of a registered dietitian (with training by Kansas LEAN) to analyze school menus and recipes.
- Two on-site visits by the Kansas LEAN staff team and consultants. Technical assistance through conferences, individual phone consultation, and phone conferences.
- An implementation manual.
- Use of ACTIVITYGRAM to track activity rather than evaluate fitness.

Development of the community coalition prior to implementation of the other components was the focus of the first year because it is such a key factor in developing leadership and community support, both necessary for environmental change and project sustainability.

Kansas LEAN School Health Project staff and consultants

The Kansas Health Foundation, a philanthropy dedicated to improving the health of all Kansans, is providing funding for this project with technical assistance to the project director and staff. Steve Coen, Vice President for Administration and Marni Vliet, President and CEO help to guide the project and provide for technical assistance.

Judy Johnston, MS, RD, LD, the Kansas LEAN Director and the Project Director (until July 1999) succeeded in making the vision a reality. Her creativity and professional dedication helped make possible an initiative that has made a significant difference for children in Kansas. Judy Johnston is continuing work to reduce the health risks for children. She works with Kansas State University Extension and a National Institutes of Health grant.

Vickie James, RD, LD (Phase 1, 2, 3), Lori Henke, RD, LD (Phase 1), and Claudia Hohnbaum, MA, RD, LD (Phase 2, 3), are consultants who provided training, on-site consultation and/or coordination to schools and communities. Claudia Hohnbaum was acting School Health Project Coordinator from August 1999 to April 2000 until Kathy Summers, new director for Kansas LEAN assumed responsibilities. Claudia Hohnbaum continues to serve as a consultant for Phase 3. Vickie James has had the good fortune to mobilize the Kansas LEAN School Health Project beyond Kansas to children, schools, and families across the country. She is now directing a national initiative, *Cooking Light's* Healthy Kids Challenge and continues to be involved with the School Health Project.

Before moving to western Kansas, Connie Van, RD, LD was the Technical Assistance Coordinator for the project. She now provides school assistance and evaluates nutrient analysis for each of the Phase 3 schools. Pat Cox, a Kansas LEAN assistant until September 1999 had responsibilities that included assistance with nutrient analysis, staff support, and coordination of activities.

John Noble, PhD, Assistant Professor, University of Nebraska at Omaha, School of Health, Physical, Education and Recreation provides technical assistance for physical activity.

Evaluation originally provided by the Work Group on Health Promotion and Community Development at the University of Kansas, is now directed by Kansas State University, Department of Kinesiology under the direction of David Dzewaltowski, PhD.

Kansas LEAN School Health Project schools and communities deserve recognition for their perseverance and overwhelming creativity in the fledgling stages of this rewarding model! This manual would not have been possible without their commitment!

**Communities have reached out
and touched the stars!**

